ARTIST FELLOWSHIP APPLICATION FORM

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS

(Reminder: Grant Period is July 1 - June 30)

Individual Artist Fellowship

Amount Requested \$5,000

1. APPLICANT DATA				
Official IRS Name		Date of Birth		Place of Birth
Mailing Address	City/Town	Sta	te	ZIP
	J/ · · ·	NH		
Daytime Phone	Fax	E-mail		URL
Daytime I none	rax	E-man		UKL
	G' /T	G.		710
Address (If different from mailing address)	City/Town	Sta	te	ZIP
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Contact Name		There have a least	1	CNIII
Contact Name (If different from above)	I have been a legal resident of New Hampshire since			
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2. NATIONAL STANDARD FOR INFORMATION EXCHANGE. (NISP)				
http://www.nh.gov/nharts/grantsandservices/grantnispcodes.html				
Arts Discipline:				
(Enter the code for the arts discipline which best describes your supporting materials.)				
Race/Ethnicity:	Intori	national Activity: _	Vac	No
Race/Ethnicity.	Interi	iadonal Activity	1 C5	110
3. ATTACHMENTS CHECKLIST (CHECK OFF ITEMS BEFORE MAILING YOUR APPLICATION.)				
☐ Signed Application Form and Narrative Questions				
☐ Slide Identification Sheet or self-created Support Material Identification Sheet				
☐ Support Materials				
 Professional Resume Self-addressed stamped envelope or package for the return of your materials 				
☐ Keep copy for your files				
4. CERTIFICATION				
I hereby certify that the foregoing statements are true and complete to the best of my knowledge, that I am a legal resident of the state of New Hampshire and not enrolled as a full-time student.				
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Signature (Official IRS Name) For Office Use Only: FY Activity	, Type	AIE%	PT	Date
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